## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AS FILED AFTER I" AMENDMENT AS FILED AFTER 2 <sup>™</sup> AMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND: DEP. IND. DEP. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL DEP TOTAL CLAIMS